

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/890618

(APPLICANT'S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4	/					
5		/				
6		/				
7		/				
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39	/	2				
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46		/				
47		/				
48		/				
49		/				
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
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97						
98						
99						
100						
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	60	↓		↓		↓
TOTAL CLAIMS	65					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS